

E.D.N.C.
Local Form

UNITED STATES BANKRUPTCY COURT

1

Read Instructions on Back:

TRANSCRIPT ORDER FORM

1. NAME	2. PHONE NUMBER	3. DATE
Jennifer Lyday	336-717-9161	06/21/2023
4. MAILING ADDRESS (Include city, state, zip code)		5. EMAIL ADDRESS:
370 Knollwood Street		mford@waldrepwall.com
6. CASE NUMBER	7. JUDGE PRESIDING	
5:2019-bk-730	Joseph N. Callaway	
8. CASE NAME	9. DATE OF PROCEEDING	10. LOCATION OF PROCEEDING
CAH Acquisition Company 1, LLC	06/20/2023	EDNC ZoomGov

11. TRANSCRIPT ORDER FORM

 BANKRUPTCY CASE

ADVERSARY PROCEEDING

12. TRANSCRIPT REQUESTED (Specify portion and date(s) of proceeding for which transcript is requested)

PORTION(s)	DATE(S)
<input checked="" type="checkbox"/> ENTIRE PROCEEDING	06/20/2023
<input type="checkbox"/> OPINION OF COURT	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)	
<input type="checkbox"/> OPENING STATEMENT (Defendant)	
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)	
<input type="checkbox"/> WITNESS TESTIMONY (Specify name of witness)	
<input type="checkbox"/> WITNESS TESTIMONY (Specify name of witness)	

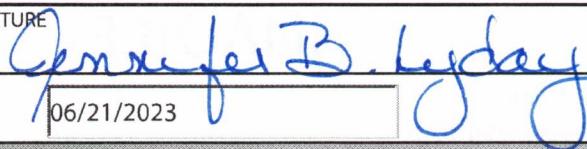
13. ORDER

CATEGORY	ORIGINAL (Includes Free E-Transcript for the Court)	ADDITIONAL COPIES
		<input checked="" type="checkbox"/>
ORDINARY	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14-DAY TRANSCRIPT	<input type="checkbox"/>	<input type="checkbox"/>
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>
DAILY	<input type="checkbox"/>	<input type="checkbox"/>

CERTIFICATION (14 & 15)

By signing below, I certify that I will pay all charges.

14. SIGNATURE



15. DATE

06/21/2023

ORDER RECEIVED	DATE
TRANSCRIPT ORDERED	DATE
TRANSCRIPT RECEIVED	DATE